| PATENT APPLICATION SEE DESCRIPTION   |  |                                 |               |                   |              |                                |          |                   | Application or Docket Number |             |                         |               |
|--|--|---------------------------------|---------------|-------------------|--------------|--------------------------------|----------|-------------------|------------------------------|-------------|-------------------------|---------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective January 1, 2003   |  |                                 |               |                   |              |                                |          | 36400.68451       |                              |             |                         |               |
| CLAIMS AS FILED - PART I   |  |                                 |               |                   |              |                                |          |                   | ENTITY                       |             |                         |               |
| F  | OTAL CLAIMS                                    |                                 |               |                   |              | umn 2) TYPE                    |          | TYPE              | OR                           |             | OTHER THAN SMALL ENTITY |               |
|  |  |                                 | 10            |                   |              |                                |          | RATE              | FEE                          | 7           | RATE                    | FEE           |
| FOR  |  |                                 | NUMBER FILED  |                   | NUMBER EXTRA |                                |          | BASIC FI          | E <b>E</b> 375.00            | OR          | BASIC FEE               | 750.00        |
| TOTAL CHARGEABLE CLAIMS  |  |                                 | (0 minus 20=  |                   |              |                                |          | X\$ 9=            |                              | OR          | X\$18=                  |               |
| INDEPENDENT CLAIMS   |  |                                 | 3 minus 3 =   |                   |              |                                |          | X42=              | 1                            | OR          | X84=                    |               |
| Ľ  | ULTIPLE DEPE                                   | NDENT CLAIM P                   | RESENT        |                   | •            | 1140                           |          |                   | 1                            | 1           |                         |               |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                 |               |                   |              |                                |          |                   |                              | OR          | +280=                   | - 670         |
| CLAIMS AS AMENDED - PART II  |  |                                 |               |                   |              |                                |          | TOTAL             | ·                            | OR          | TOTAL                   | 750           |
|  | (Column 1) (Column 2) (Column                  |                                 |               |                   |              |                                |          | SMALI             | ENTITY                       | OR          | OTHER<br>SMALL          |               |
| ₹.   |  | REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM       | SEA          | PRESENT                        | lſ       |                   | ADDI-                        | 1           | RATE                    | ADDI-         |
| Ä  |  |                                 |               | PREVIO<br>PAID I  |              | EXTRA                          | l        | RATE              | TIONAL<br>FEE                |             |                         | TIONAL<br>FEE |
| AMENDMENT  | Total  | . 10                            | Minus         | -0                | <u>/</u>     | •                              |          | X\$ 9=            |                              | OR          | X\$18=                  | 1             |
| ¥  | Independent                                    | NTATION OF M                    | Minus         | SENDENT           | CL A(1)A     | - (                            |          | X42=              |                              | OR          | X84=                    |               |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |               |                   |              |                                |          | +140=             |                              | OR          | +280=                   |               |
| rico-  |  |                                 |               |                   |              |                                |          | TOTA              | - 2                          |             | YOTAL                   | -             |
| <u>E</u>   | 194  | (Column 1)                      |               | (Colum            | າກ 2)        | (Column 3)                     | A        | DDIT. FEE         |                              | <b>1</b> 0, | VDDIT. FEE              |               |
| AMENDMENT B  |  | CLAIMS<br>REMAINING             |               | HIGHE             | ST           | PRESENT                        | Г        |                   | ADDI-                        | ſ           |                         | ADDI-         |
|  |  | AFTER AMENDMENT                 |               | PREVIO            | UŞLY         | EXTRA                          |          | RATE              | TIONAL<br>FEE                |             | RATE                    | TIONAL        |
|  | Total .  | . 19                            | Minus         |                   | 0            | . /                            | İ        | X\$ 9=            | 1                            |             | X\$18=                  | FEE/          |
|  | Independent                                    | . 3                             | Minus         | 2                 |              | -/                             | <b> </b> | X42=              |                              | OR          |                         | /             |
|  | FIRST PRESE                                    | NTATION OF MU                   | LTIPLE DE     | PENDENT           | CLAIM        |                                | ┟        | X4Z=              |                              | OR          | X84=                    | /             |
|  |  |                                 |               |                   |              |                                |          | +140=             |                              | OR          | +280=                   | / 1           |
|  | ·  |                                 |               |                   |              |                                | AI       | TOTAL<br>DIT. FEE |                              | OR A        | TOTAL<br>DDIT. FEE      |               |
|  |  | (Column 1)                      | -             | (Colum            |              | (Column 3)                     | •        |                   |                              |             |                         |               |
| 1 C  |  | CLAIMS<br>REMAINING             |               | HIGHE<br>MUMB     | R ,          | PRESENT                        | ا<br>ا   | RATE              | ADDI-                        | ſ           | RATE                    | ADDI-         |
| JEN  |  | AFTER<br>AMENDMENT              |               | PREVIOU<br>PAID F |              | EXTRA                          |          |                   | TIONAL<br>FEE                |             |                         | TIONAL<br>FEE |
| AMENDMENT C  | Total  | •                               | Minus         | **                |              | •                              | Γ        | X\$ 9=            |                              | OR          | X\$18=                  |               |
| AME  | independent                                    | 4                               | Minus         | tte               |              |                                | $\vdash$ | X42≈              |                              | - F         | X84=                    |               |
|  | FIRST PRESE                                    | NTATION OF MU                   | LTIPLE DEF    | ENDENT            | CLAIM        |                                | -        | ,,,,,,,,,         |                              | OR          | ^04=                    |               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |                                 |               |                   |              |                                |          |                   |                              |             | +280≈                   |               |
| If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE |  |                                 |               |                   |              |                                |          |                   |                              |             |                         |               |
| 1  | The Highest Num                                | ber Previously Pak              | For (Total or | independen        | then seem    | is, enter s.<br>highest number |          |                   | propriate box                |             |                         |               |
|  |  |                                 |               |                   |              |                                |          |                   |                              |             |                         |               |

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